| . • •   |  |   |                     |                               |              |  |              | Application or Docket Number |                        |      |                       |                        |  |
|---|--|---|---------------------|-------------------------------|--------------|--|--------------|------------------------------|------------------------|------|-----------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001   |  |   |                     |                               |              |  |              |                              | 0972/101               |      |                       |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column   |  |   |                     |                               |              |  | SMAL<br>TYPE | LEN                          |                        | OR   | OTHER<br>SMALL        |                        |  |
| TOTAL CLAIMS  |  |   | ·                   |                               |              |  | RAT          | Έ                            | FEE                    | 1    | RATE                  | FEE                    |  |
| FOR   |  |   | NUMBER FILED        |                               | NUMBER EXTRA |  | BASIC        | BASIC FEE 370.00             |                        | OR   | BASIC FEE             | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | <b>BO</b> minus 20= |                               | * /0         |  | X\$ 9=       |                              | ·                      | OR   | X\$18=                | 180                    |  |
| INDEPENDENT CLAIMS  |  |   |                     | nus 3 =                       | ,            |  | X42=         |                              |                        | OR   | X84=                  | 80                     |  |
| MU  | LTIPLE DEPEN                                     | DENT CLAIM PI                             | RESENT              |                               |              |  | +140=        |                              |                        | OR   | +280=                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                     |                               |              |  |              | AL                           |                        | OR   | TOTAL                 |                        |  |
| D/31/03 (Column 1) (Column 2) (Column 3)  |  |   |                     |                               |              |  | SMA          | LL E                         | ENTITY                 | OR   | OTHER<br>SMALL I      |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA                               | RAT          | Ε                            | ADDI-<br>TIONAL<br>FEE |      | RATE                  | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 36                                      | Minus               | ** 3                          | 30           | =6   | X\$ 9        | )=                           |                        | OR   | X\$18=                | 108                    |  |
| AME   | Independent                                      | <u> </u>                                  |                     | 7                             | = /          | X42  | =            | -                            | OR                     | X84= | 86                    |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                     |                               |              |  |              | <b>)=</b> .                  |                        | OR   | +280=                 |                        |  |
| . / /   |  |   |                     |                               |              |  |              | TAL<br>FEE                   |                        | OR   | TOTAL<br>ADDIT, FEE   | Od                     |  |
| 1   | 2/1/04   |   |                     |                               |              |  | /            |                              |                        |      |                       |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | PREVI                         | IBER         | PRESENT<br>EXTRA                               | RAT          | Έ                            | ADDI-<br>TIONAL<br>FEE |      | RATE                  | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 33                                      | Minus               | ** /                          | 36           | -  | X\$ 9        | )=                           |                        | OR   | X\$18=                |                        |  |
| AME   | Independent                                      | * 4                                       | Minus               | *** FNDEND                    | C AIM        | •  | X42          | =                            |                        | OR   | X84=                  |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                     |                               |              |  | +140         | •                            |                        | OR   | +280=                 |                        |  |
| A,  | 12/12  |   |                     |                               |              |  | ADDIT.       | TAL<br>EE                    |                        | OR   | TOTAL<br>ADDIT. FEE   |                        |  |
| $\mathcal{L}$   | 19/105   | (Column 1)                                |                     | (Colu                         |              | (Column 3)                                     |              |                              |                        |      |                       |                        |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                     | NUM<br>PREVI                  |              | PRESENT<br>EXTRA                               | RAT          | Ε                            | ADDI-<br>TIONAL<br>FEE |      | RATE                  | ADDI-<br>TIONAL<br>FEE |  |
| NDW   | Total  | . 18                                      | Minus               | # 5                           | 30.          | 8  | X\$ 9        | =                            |                        | OR   | X\$18=                |                        |  |
| AME   | Independent                                      | • 3                                       | Minus               | ***                           | T CLAIM      | -  | X42          | _                            |                        | OR   | X84=                  |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + |   |                     |                               |              |  |              | =                            |                        | OR   | +280=                 |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |                     |                               |              |  |              |                              |                        | OR   | TOTAL                 |                        |  |
| ***   | If the "Highest Nu                               | mber Previously Pa<br>ober Previously Pa  | aid For IN THI      | S SPACE                       | is less that | n 3, enter "3."                                | ADDIT.       |                              | propriate box          | ,    | ADDIT. FEE<br>lumn 1. |                        |  |
|   |  | •   |                     |                               |              | <u>•                                      </u> |              |                              |                        | _    |                       | A                      |  |